

OFFICER'S BATTERY REPORT
CHICAGO POLICE DEPARTMENT

RD NO **HY335302**

INSTRUCTIONS: This form is to be completed for all incidents when: (1) a sworn member is the victim of a murder, aggravated battery, battery, aggravated assault, or assault while performing a police function either on-duty or off-duty, (2) a detention aide is the victim of a murder, aggravated battery, battery, aggravated assault, or assault while in the performance of his or her duties.

"X APPLICABLE BOXES"

OFFICER INFORMATION		INCIDENT INFORMATION	
NAME (LAST - FIRST - M.I.) ROBERTS, JOHN E		1 INDOOR <input checked="" type="checkbox"/> 2. OUTDOOR	
STAR NO. 2196	POSITION SERGEANT OF POLICE	ADDRESS OF OCCURRENCE 10639 S COTTAGE GROVE AVE	
DATE OF APPOINTMENT 26-MAR-1990	EMPLOYEE NO. [REDACTED]	CITY <input checked="" type="checkbox"/> CHICAGO	STATE (If outside Chicago)
UNIT OF ASSIGNMENT 193	BEAT/CALL NO. 6565	LOCATION CODE 304-STREET	BEAT OF OCCURRENCE 0512
SEX <input checked="" type="checkbox"/> 1. M 2. F	RACE WHITE	DATE OF OCCURRENCE 10-JUL-2015	TIME 16:03:00
HEIGHT 600	WEIGHT 170	DAY OF WEEK FRIDAY	
TYPE OF ASSIGNMENT WHEN BATTERY OCCURRED		NO. OF OFFICERS BATTERED 8	
<input checked="" type="checkbox"/> 1 ON DUTY A. UNIFORM, PATROL DUTY B. UNIFORM, OTHER DUTY Describe _____ <input checked="" type="checkbox"/> C. CITIZEN'S DRESS D. TACTICAL E. B.I.S. UNIT F. SPECIAL EMPLOYMENT G. OTHER _____ 2. OFF DUTY 3. SPECIAL EMPLOYMENT 4. SECONDARY / OTHER		WORKING <input checked="" type="checkbox"/> A. ALONE B. WITH ONE PARTNER C. WITH MULTIPLE PARTNERS How many? _____ PATROL TYPE: A. SQUAD CAR B. FOOT C. BICYCLE D. APV/MOTORCYCLE E. SQUADROL <input checked="" type="checkbox"/> F. OTHER <u>INVESTIGATIVE</u>	
TYPE OF ACTIVITY		MANNER OF ATTACK	
<input checked="" type="checkbox"/> A. AMBUSH - NO WARNING <input checked="" type="checkbox"/> B. TRAFFIC STOP/PURSUIT C. INVESTIGATING SUSPICIOUS PERSON D. DISTURBANCE - DOMESTIC E. DISTURBANCE - MENTAL PATIENT F. DISTURBANCE - RIOT/MOB ACTION/CIVIL DISORDER G. DISTURBANCE - OTHER <input checked="" type="checkbox"/> H. MAN WITH A GUN I. PURSUING/ARRESTING OFFENDER (Specify) CHARGE _____ IUCR CODE _____ J. PROCESSING/TRANSPORTING/GUARDING A PRISONER (Specify) ORIGINAL CHARGE _____ ORIGINAL IUCR CODE _____ K. OTHER		01. SHOT 02. SHOT AT 03. STABBED/CUT (INCLUDING ACTUAL ATTEMPT) 04. STRUCK/BLUNT FORCE (INCLUDING ACTUAL ATTEMPT) <input checked="" type="checkbox"/> 05. OTHER (INCLUDING VERBAL THREATS)	
TYPE OF INJURY TO OFFICER		TYPE OF WEAPON/THREAT	
A. FATAL B. NON-FATAL - MAJOR INJURY (Broken Bones/Serious Lacerations/Internal Injuries) C. NON-FATAL - MINOR INJURY (Bruises/Swelling/Minor Abrasions) <input checked="" type="checkbox"/> D. NONE APPARENT/NONE		(Check all that apply): <input checked="" type="checkbox"/> A. FIREARM CALIBER <u>45 ACP</u> B. HANDS/FISTS C. FEET D. MOUTH (SPIT, BITE, ETC.) E. VERBAL THREAT (ASSAULT) F. OTHER (SPECIFY) _____ 8. VEHICLE 1. OFFICER STRUCK WITH VEHICLE 2. ATTEMPTED TO STRIKE OFFICER WITH VEHICLE C. KNIFE/OTHER CUTTING INSTRUMENT I. BLUNT INSTRUMENT FIREARM USE INFORMATION (Check all that apply) <input checked="" type="checkbox"/> A. OFFICER AT GUNPOINT B. OFFICER'S OWN WEAPON OBTAINED C. ATTEMPTED TO OBTAIN OFFICER'S OWN WEAPON	
LIGHTING CONDITIONS AT INCIDENT		OFFENDER INFORMATION	
<input checked="" type="checkbox"/> A. DAYLIGHT D. DUSK B. NIGHT E. ARTIFICIAL LIGHT 1. POOR 2. GOOD		SEX <input checked="" type="checkbox"/> 1. M 2. F RACE BLACK CB NO. 00000000 IR NO.	
WEATHER CONDITIONS		WAS THE OFFENDER'S ACTIVITY: DRUG RELATED? GANG RELATED?	
<input checked="" type="checkbox"/> A. CLEAR D. FOG / SMOKE / HAZE G. OTHER B. RAIN E. SLEET / HAIL C. SNOW F. SEVERE CROSS WIND APPROXIMATE OUTDOOR TEMPERATURE 72°F		1. YES 1. YES 2. NO 2. NO <input checked="" type="checkbox"/> 3. UNKNOWN <input checked="" type="checkbox"/> 3. UNKNOWN NO. OF OFFENDERS PRESENT? 1	

Log 1076081
UH 1570

AH-27

R/O & ASSISTING OFFICERS WERE IN FEAR OF RECEIVING GREAT BODILY HARM & DEATH
WHEN THE OFFENDER MCSWAIN, WHILE ARMED WITH A COLT, .45 CALIBER SEMI-
AUTOMATIC PISTOL PRESENTED A THREAT TO R/O'S & ASSISTING OFFICERS.

REPORTING MEMBER - SIGNATURE
ROBERTS, JOHN E

STAR NO.
2196

WATCH COMMANDER /UNIT COMMANDING OFFICER- SIGNATURE STAR NO.
WALLER, FRED L 464

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V# 15-10
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